

# APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PACKAGE ASSEMBLY WITH APPLICATOR AND CONTAINER FOR ADHESIVE MATERIALS

described and claimed in the specification:

Check one

\*a. ☐ attached hereto.

b. ☒ filed on September 1, 1998 as Application No. 09/145,200 and amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed within one year prior to this application are hereby claimed:

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;  
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411;  
Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771 and  
Mario A. Costantino, Reg. No. 33,565.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Typewritten Full Name  
of First or Sole Inventor

\*\*Inventor's Signature:

\*\*Date of Signature:

Keith

Given Name

R.

Middle Initial

D'Alessio

Family Name

*Keith R. D'Alessio*

*11/18/98*

Month

Day

Year

Residence:

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North Carolina

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Citizenship:

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State or Province

Country

Post Office Address:

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305 Jaslie Dr., Cary, North Carolina 27515, USA

\*If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

\*\*Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

**Typewritten Full Name****of Second Joint Inventor (if any)****\*\*Inventor's Signature:****\*\*Date of Signature:**

Residence:

Citizenship:

Given Name	Middle Initial	Family Name
Gary	F.	Prokop
Month	Day	Year
11	20	98
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Wheaton	Illinois	USA

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 including country)

830 Pick St., Wheaton, Illinois 60187, USA

**Typewritten Full Name****of Third Joint Inventor (if any)****\*\*Inventor's Signature:****\*\*Date of Signature:**

Residence:

Citizenship:

Given Name	Middle Initial	Family Name
Leonard	F.	Czuba
Month	Day	Year
November	23rd	1998
City	State or Province	Country
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1105 East Adams St., Lombard, Illinois 60148, USA

**Typewritten Full Name****of Fourth Joint Inventor (if any)****\*\*Inventor's Signature:****\*\*Date of Signature:**

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Citizenship:

Given Name	Middle Initial	Family Name
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3032 N. Albany Ave, Chicago, Illinois 60618, USA

**Typewritten Full Name****of Fifth Joint Inventor (if any)****\*\*Inventor's Signature:****\*\*Date of Signature:**

Residence:

Citizenship:

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Peter	J.	Kopec
Month	Day	Year
NOVEMBER	20	1998
City	State or Province	Country
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 mailing address,  
 including country)

2020 Glenview, Park Ridge, Illinois 60068, USA

**\*\*Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.**
**This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.**